

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 35-18

INTRODUCED BY: Medical Student Section
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SUBJECT: Ongoing Medical Support for Mothers and Babies Impacted by
Opioid Exposure

1 Whereas, Neonatal Abstinence Syndrome (NAS) is a serious health condition that is the result of
2 infant opioid withdrawal after exposure to opioids in utero and is associated with seizures,
3 seizure like jerking movements, and general infant distress among other symptoms¹; and
4
5 Whereas, the prevalence of NAS in 2012 was 5.8 per 1000 babies born in US hospitals,
6 approximately five times the rate that was recorded in 2000²; and
7
8 Whereas, NAS is associated with maternal use of opioids, both prescribed and non-prescribed,
9 during pregnancy, and maternal use of opioids during pregnancy has been increasing in the US¹;
10 and
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12 Whereas one study found that approximately 20% of Medicaid insured women were prescribed
13 an opioid medication during their pregnancy³; and
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15 Whereas the cost of hospitalization and care of a baby affected by NAS is approximately
16 \$16,893, and approximately \$316 million was spent on NAS hospitalizations in the US in 2012⁴;
17 and
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19 Whereas, Current Maryland law requires that healthcare providers report a mother to the local
20 health department or the department of social services if a baby displays signs of NAS or has a
21 positive toxicology screen regardless of whether the controlled substance was legally prescribed
22 ⁵; and
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24 Whereas, the Comprehensive Addiction and Recovery Act of 2016 states that in order to receive
25 federal child abuse prevention funds, states must require healthcare providers to notify Child

¹Kocherlakota, Prabhakar. "Neonatal abstinence syndrome." *Pediatrics* (2014): peds-2013.

²Pryor, Jason R., et al. "The opioid epidemic and neonatal abstinence syndrome in the USA: a review of the continuum of care." *Archives of Disease in Childhood-Fetal and Neonatal Edition* (2017): fetalneonatal-2015.

³Desai, Rishi J., et al. "Increase in prescription opioid use during pregnancy among Medicaid-enrolled women." *Obstetric*

⁴Corr, Tammy E., and Christopher S. Hollenbeak. "The economic burden of neonatal abstinence syndrome in the United States." *Addiction* 112.9 (2017): 1590-1599.

⁵ http://mgaleg.maryland.gov/2018RS/chapters_noln/Ch_410_hb1744T.pdf

1 Protective Services each time an infant is diagnosed with NAS, regardless of the parent's
2 treatment plan⁶; and

3
4 Whereas, allowing opioid-dependent mothers and babies to be together has been shown to reduce
5 hospital stay length, admissions to the NICU admissions and the use of drugs to treat NAS⁷;
6 therefore be it

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8 Resolved, that MedChi support the establishment of programs that provide ongoing medical
9 treatment and social support for mothers who are current or recovering substance users to reduce
10 risk of separation from their children; and be it further

11
12 Resolved, that MedChi ask our AMA to oppose legislation that leads to separation of babies
13 from mothers that are actively undergoing opioid abuse rehabilitative treatment unless there is a
14 serious threat to the child's wellbeing.

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17 At its meeting on September 22, 2018, the House of Delegates referred Resolution 35-18 to the
18 Board of Trustees.

⁶ Comprehensive Addiction and Recovery Act of 2016. 42 USC 201.

⁷ Vogel, L. (2018). Newborns exposed to opioids need mothers more than NICU, say pediatricians. Canadian Medical Association Journal, 190(4). doi:10.1503/cmaj.109-5550